



Alcohol and Drug Awareness Program (ADAP) Instructor Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ Sign the Statement of Completion at the bottom of this page and include with the Application.
- ☐ Complete *Verification of Class Observation Form* of an ADAP Class from a certified instructor. (Form # RC-ADAP-300)
- ☐ Complete the *ADAP Responsibilities Acknowledgement*. (Form # RC-ADAP-350)
- ☐ Review *ADAP Rules & Regulations* (Ga. Admin. Comp. Ch. 375-5-4) at www.dds.ga.gov.

Note: Once you have been approved, you will be issued a user ID/password and instructed how to order ADAP supplies via the Online Bookstore (www.dds.ga.gov)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the certification applied for, as outlined above. I understand that an incomplete application or application lacking the necessary attached paperwork may result in my application not being processed and delay in my becoming certified with the ADAP Alcohol and Drug Awareness Program.

Printed Name

Legal Signature

Date

PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

**Georgia Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Alcohol and Drug Awareness Program (ADAP) Instructor Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
Date of Birth	Driver's License #	State	Social Security #
Home Address	City	County	Zip Code
Mailing Address	City	County	Zip Code
Primary Phone Number	Secondary Phone Number		
Email address			
School Name	Phone		
School Address			

*(All schools **must** provide an e-mail address to receive electronically submitted DDS correspondence.)*

SECTION 2: Applicant Information

Administrator/Instructor Name (**Last, First, Middle Initial**): _____
(Please Print)

- ☐ I am authorized to be the Administrator of the school's ADAP account.
☐ I am requesting to be added as an ADAP Instructor at the above named school.

Telephone Number: _____ E-mail Address (Required): _____

Legal Signature

Date

DO NOT WRITE IN THIS AREA – FOR DEPARTMENTAL USE ONLY

User Name: _____

Login/User Id: _____

Password: _____



The Alcohol & Drug Awareness Program (ADAP) Instructor Responsibilities Acknowledgement

Responsibilities for ADAP Instructors

1. Use the most recent instructor's manual, workbook, videotapes, test and certificates provided by the Department of Driver Services.
2. Ensure students attend all 4 hours.
3. Ensure that only students that score at least a 70 pass the ADAP course and receive a Certificate of Completion.
4. Ensure that students that attend the class are between the ages of 13 & 17 years old.
5. Ensure that student's name on the Certificate appears as it is on their birth certificate (**Legal Name**).
6. Ensure that classes start on time and end on time.
7. Ensure that student rosters are created online in the ADAP system using the correct information for each student in attendance.
8. Ensure that the ADAP certificate of completion is awarded at the same time the driver training certificate is awarded.
9. Ensure that User ID and Password are kept confidential and only the instructor has access to the ADAP computer program.
10. Adhere to DDS, Rules and Guidelines regarding the Alcohol and Drug Awareness Program.
11. **Failure of any of the following, may result in Instructors dismissal:**
 - Falsifying any records.
 - Failure to follow ADAP rules, regulations and/or guidelines.

I hereby acknowledge that I, _____, have received and understand the Department of Drivers Services' (DDS) prescribed responsibilities for ADAP instructors.

NAME OF DRIVER TRAINING SCHOOL:_____

LEGAL SIGNATURE:_____DATE:_____



**The Alcohol & Drug Awareness Program (ADAP)
Verification of Class Observation Form**

Applicant Name

attended my four hour Alcohol and Drug Awareness Program (ADAP) class on _____

Date

located at _____.

Site Attended

Instructor Name

Instructor Signature

Date